

## DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ANTIGENIC EPITOPEs WITH LYm-1 REACTIVITY AND USES THEREOF** the specification of which X is attached hereto or \_\_\_\_\_ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: ROSE	First Name: LARRY	Middle Name or Initial: M.
Residence & Citizenship:	City: Carmichael	State/Foreign Country: US	Country of Citizenship: US
Post Office Address:	Post Office Address: 5467 Wildflower Circle	City: Carmichael	State/Country: CA Postal Code: 95608
Full Name of Inventor 2:	Last Name: MEARES	First Name: CLAUDE	Middle Name or Initial: F.
Residence & Citizenship:	City: Davis	State/Foreign Country: CA	Country of Citizenship: US
Post Office Address:	Post Office Address: 421 Encina Avenue	City: Davis	State/Country: CA Postal Code: 95616
Full Name of Inventor 3:	Last Name: O'DONNELL	First Name: ROBERT	Middle Name or Initial: T.
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship: US
Post Office Address:	Post Office Address:	City:	State/Country: Postal Code:

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
LARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
Date	Date	Date

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Signature of Inventor 1  LARRY M. ROSE	Signature of Inventor 2 CLAUDE F. MEARES	Signature of Inventor 3 ROBERT T. O'DONNELL
Date 1/6/99	Date	Date

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Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
LARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
Date	12-13-51	Date

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Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
LARRY M. ROSE	CLAUDE F. MEARES	 ROBERT T. O'DONNELL
Date	Date	Date 1/15/98

#73368v1

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Application No.	Date of Filing	Status

Attorney Docker No.: 023070-087900  
 Client Reference No.: 98-009-1

Full Name of Inventor 1:	Last Name: ROSE	First Name: LARRY	Middle Name or Initial: M.
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Full Name of Inventor 3:	Last Name: O'DONNELL <i>Rob</i>	First Name: ROBERT <i>Rob</i>	Middle Name or Initial: T. <i>Rob</i>
Residence & Citizenship:	City: Sacramento <i>Rob</i>	State/Foreign Country: CA <i>Rob</i>	Country of Citizenship: US <i>Rob</i>
Post Office Address:	Post Office Address: 286 Howe Avenue, #B	City: Sacramento	State/Country: CA Postal Code: 95825

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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LARRY M. ROSE	CLAUDE F. MEARES	<i>Robert T. O'Donnell</i>
Date	Date	Date 11/15/98

173368-1



UNITED STATES DEPARTMENT OF COMMERCE

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARK  
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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09/181,896 10/28/98 ROSE

L 023070-08790

020350 023270209  
TOWNSEND AND TOWNSEND AND CREW  
TWO EMBARCADERO CENTER EIGHTH FLOOR  
SAN FRANCISCO CA 94111

NOT ASSIGNED

1651

DATE MAILED:

02/09/99

**NOTICE OF INCOMPLETE REPLY**  
(*Filing Date Granted*)

The reply filed on 1-19-99 to the Notice to File Missing Parts (Notice) mailed on 11-19-98 has been entered into the application. The reply, however, is incomplete for the following reason(s):

- 1. The filing fee required by the Notice has not been received. The amount of \$ \_\_\_\_\_ is due.
- 2. The surcharge of \$ \_\_\_\_\_ has not been received.
- 3. The oath or declaration for this nonprovisional application has not been received.
- 4. The oath or declaration for this nonprovisional application is not executed in compliance with 37 CFR 1.64(a) because:
  - a. The inventor's signature is missing.
  - b. The signature is missing for inventor(s) \_\_\_\_\_
- 5. The cover sheet (37 CFR 1.151(c)(1)) for this provisional application has not been received.
- 6. The reply does not include RESIDENCE AND POST OFFICE ADDRESS  
OF ROBERT T O'DONNELL as required by this Notice.

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

The period for reply remains as set forth in the Notice. You may, however, obtain an EXTENSION OF TIME under the provisions of 37 CFR 1.136(a) by filing a petition accompanied by the appropriate fee (37 CFR 1.17(a)).

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

**A copy of this notice MUST be returned with the reply.**

R. DAVENPORT

Customer Service Center

Initial Patent Examination Division (703) 308-1202

Attorney Docket No. 023070-087900  
Client Ref. No.: UC 98-009-1

**POWER OF ATTORNEY BY ASSIGNEE**

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA is the Assignee of the invention entitled: ANTIGENIC EPITOPEs WITH LYm-1 REACTIVITY AND USES THEREOF, the specification of which X is attached hereto or \_\_\_\_\_ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_

Assignee hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Kevin L. Bastian, Reg. No. 34,774  
Gregory P. Einhorn, Reg. No. 38,440  
Timothy L. Smith, Reg. No. 35,367  
Kenneth A. Weber, Reg. No. 31,677

Send Correspondence to: Gregory P. Einhorn TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8 <sup>th</sup> Floor San Francisco, CA 94111-3834	Direct Telephone Calls to: (Name, reg. no., tele. no.)  Gregory P. Einhorn Reg. No.: 38,440 (415) 576-0200
--	---

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_